

PRE-APPLICATION FORM INSTRUCTIONS

WATER SYSTEM NAME: The name of the city, county district, nonprofit organization or company.
Examples: ABC Irrigation District, Smithtown PUD, John Doe School.

WATER SYSTEM NUMBER: The number assigned to your water system by the State or County Health Department. Your system number may be located on your mailing label and consists of a seven digit number.

POPULATION SERVED: The total estimated population served by the water system.

EST. MHI: The estimated median household income for the service area of the water system.

COUNTY: The name of the county in which the water system is physically located.

1. The type of system may determine the type of financial assistance available. Systems owned by the federal government are not eligible. Please check the box indicating whether the system is a publicly (owned by a governmental agency) or privately owned community water system or a noncommunity system owned by a nonprofit organization.
2. The specific problem for which financing may be desired should be described in sufficient detail to allow the Department to understand and evaluate the nature of the problem. Where documentation is available to substantiate the problem (e.g. lab results, court orders, study or inspection reports, compliance orders) it should be attached to the form. More than one problem can be covered under one project pre-application but combining a high priority problem with a low priority problem may cause the entire project to be placed in the lower priority category.
3. The solution that the applicant believes would best solve the problem should be described. Example: "The solution to our system's low pressure problem requires the construction of a new 300,000 gallon storage tank and an enlarged pumping station". If any preliminary plans, designs, or drawings are available, they should be attached.
4. Please indicate which of these features (check all that apply) are planned to be covered by this pre-application should the project be financed under the SRF program. If the pre-application is for refinancing of an existing loan (entered into after 7/1/93), please check this box.
5. Give your best estimate of the amount of State funding that would be needed to complete the project described in this pre-application. If known, please break down this estimate between planning/design and construction. These estimates can be refined later in the process if financing proceeds.
6. Please check this box if the project will physically connect two or more existing systems resulting in elimination of one of the separate systems or will provide for managerial or financial consolidation.
7. Funds are available from specific annual allotments with deadlines for obligation. Please indicate, to the best of your knowledge, the fiscal year that your system desires to receive funds and would be able to enter into a financial contract with the Department. All projects will be ranked on the priority list based on the nature of the problem regardless of when funding is desired.